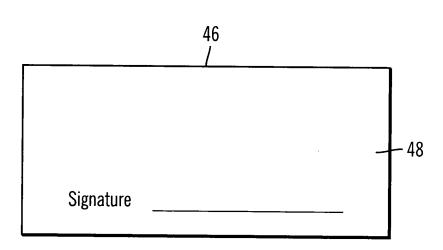


FIG. 1





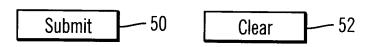


FIG. 3

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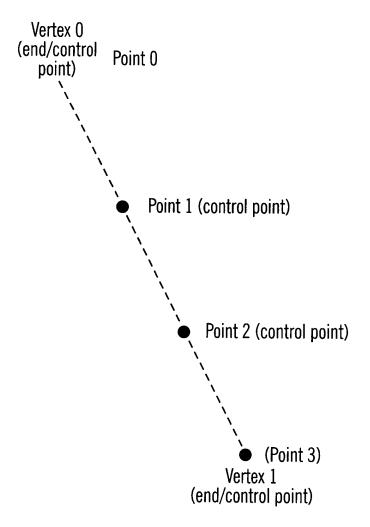
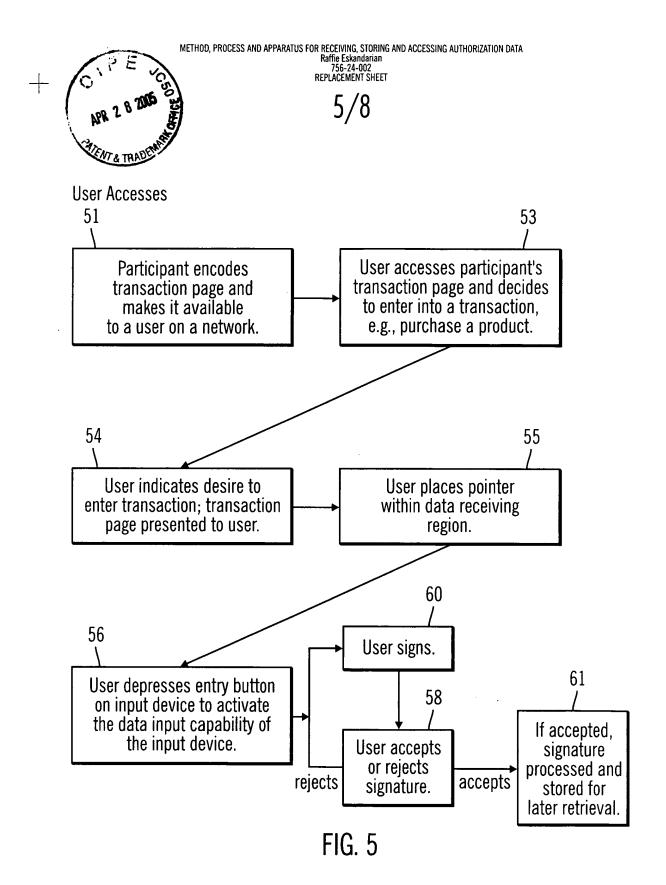


FIG. 4







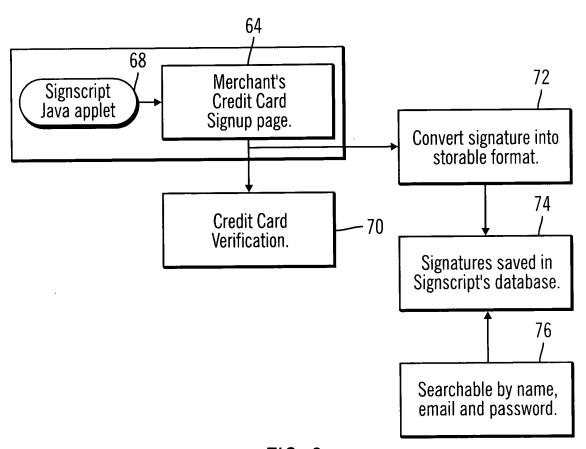


FIG. 6

'		7/8	
OIPE	Your Name:)
(Z)	Valid Email Address:		
MADEMANH A	Street Address:		
	City/State:		
	Zip (Postal Code):		
(Country:	UNITED STATES OF AMERICA	
Į.	Username:		} 66
I	Password:	(Alpha-numeric and at least 3 characters	
(Confirm Password:	(Alpha-numeric and at least 3 characters	3)
(Card Number:		
E	Expiration Date:	(Numbers only, no dashes or spaces) October 2001	
	Please sign with y	our mouse below for verification.	
	Signature _	68	
•		Signscript TM	
Clear			
Submit Info Clear Info			
FIG. 7			

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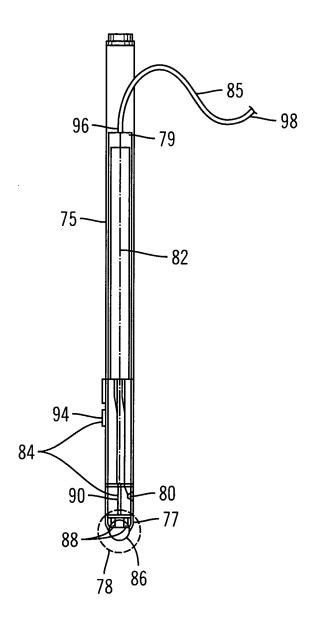


FIG. 8